Case 3:07-cv-04683-CRB Document 36 Filed 07/07/2008 Page 1 of 34

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF CAZIFORNIA

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OURT PAPER

NO. C 07-4683 CRB (R) PLAINTIFF,

A. W. Cook, et al., DEFENDANTS)

MICHAEL YNN WATERS,

RICHARD W. WIEKING CLERK, U.S. DISTRICT OF CALLED NORTHERN DISTRICT OF CALIFORNIA

MOTION

PRESENTING THE UNDISPLITED EVIDENCE OF EXHAUSTION OF ADMINISTRAT-INE REMEDIES FOR THE SECONI) ZEVEZ REVIEW WITH DEFENDANT: C.E. WILBER! THE PBSP APPEALS COORDINATER. FOR PLAINTIFF'S MOTION FOR SUMMARY JUDGMENT.

PLEASE ACKNOWLEDGE THAT PLAINTIFF - MICHAEL LYNN WATERS STILL IN PRO SE - BRINGS MATERIAL EVIDENCE - PLAINTIFF NOW MOVES THIS COURT TO REVIEW THE PREPONDERANCE OF SUBHUITTED EVIDENCE_ AND GRANT SUMMARY JUDGMENT IN PLAINTIFFS FAVOR - THE EXHIBITS PRESENTED FOR THE RECORD WITHOUT ANY NEED FOR A TRIAL. IT IS USED WHEN THERE IS NO DISPUTE AS TO THE FACTS OF THE CASE AND DHE PARTY IS ENNTITLED TO A JUNGMENT AS A MATTER OF LAW.

SUPPORTING EXHIBITS THAT CONCERNED ALL ISSUES:

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PLAINTIFF CONTENIS WITH THESE EXHIBITS, HE WAS ACTURY BEGGING OFFICIALS AND STAFF FOR HELP!

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MEMORANDUM IN SUPPORT OF HEALTH AND SAFETY

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AS APART OF HIS (PLAINTIFF) DISCOVERY CONCERNING HIS SAFETY ISSUES FIRST: SEE (SMMH V. WADE, 461 U.S. 30, 56, 103 S.CT. 1625, 1640, 75 L.Ed. 2d. 632 (1983). A COURT

MAY AWARD PUNITIVE DAMAGES " WHEN THE DEFENDANTS

CONJUCT IS SHOW TO BE MOTIVATED by EVIL MOTIVE AND INTENT, OR WHEN IT INVOINES RECKLESS OR CALLOUS_

INDIFFERENCE TO THE FEDERALLY PROTECTED RIGHTS OF OTHERS.

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SECOND: SEE (CROWDER Y. LASH, 687 F. 2d. 996, 1005 (TH, CIR. 1982) AND (WELLMAN V. FAULKNER, 715 F. 2d. 269, 275 (TH CIR. 1983). WHETHER (DEFENDANTIS) MAY bE HELD PERSONALLY LIABLE FOR PLAINTIFFS DAMAGE, A PLAINTIFF MAY ESTABLISH PERSONAL -RESPONSIBILITY " IF THE OFFICIALS ACTS OR FAILS TO ACT WITH A DELIBERATE OR RECKLESS DISREGARD OF PLAINTIFF'S CONSTITUTIONAL RIGHTS, OR IF THE CONDUCT CAUSING THE CONSTITUTIONAL DEPRINATION OCCURS AT HIS/HER DIRECTION OR WITH HIS/HER KNOWLENGE OR CONSENT.

PLAINTIFF FLIRTHER STATES HERE! HIS EXHIBITS NAW (SHALL) ANSWER THE QUESTIONS OF EXHAUSTION AND WHA KNEW OF ANY COMPRAINTS PRESENTED by PLAINTIFF CONCERNING THE ISSUES STATED IN DEFENDANTS) MOTION TO DISHUISS?

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< EXHIBIT- A >

CCII- WILDER STATES: 2ND LEVEL BEING REVIEWED!

<EXHIBIT-B>

ACTUAL APPEAL AT ANI) LEVEL "02489"
WENT TO DIRECTOR'S LEVEL

< EXHIBIT-C>

REJECTION BY CCIT-WILBER
202 TO DIRECTOR'S LEVEL STAMPED ATTACHED

<EXHIBIT-D>

NOV 27, 2006 WENT TO "HARTIN OVERSTREET CONDUCTING REVIEW FOR DEPARTMENT OF PERSONNEL ADMINISTRATION.

NOT (1) ONE SINGLE DEFENDANT WAS WILLING TO PICK UP A PHONE AND ASK WARDENS" C. PATTEN + F. JACQUEZ > TO CONFIRM FACTS, DELIBERATE INDIFFERENCE TO PLAINTIFFS SAFETY WHH EVIL INTENT AND MOTIVES:

(3 of 6)

REASONS FOR GRANTING SUMMARY JUIGHENT

PLAINTIFF CONTENDS THAT NOT ONLY DO YOU HAVE TO FILE THIS FORM (INMATE CRIEVANCE). BUT YOU ALSO NEED TO WAIT FOR A RESPONSE AND APPEAL THAT RESPONSE AS FAR UP AS POSSIBLE.

EXHAUSTION MAY NOT BE REQUIRED IF YOU CAN SHOW THAT YOU WERE UNABLE TO FILE A CRIEVANCE THROUGH NO FAULT OF YOUR DWN SO YOU SHOULD DEFINITELY GO THROUGH THE GRIEVANCE PROCESS UNLESS YOU ARE TRULY UNABLE!

PRAINTIFF IS STILL BEING PUNISHED FOR NOT DOUBLE_ CELLING. HOWEVER, NOW THAT THE OFFICIALS HAVE SEEN THE GRANTED 607-I HAVE TO WAIT UNTIL CCI D. WHITE REVIEW IT?

RESPECTFULLY SUBMITTED

Michael Guy Waters
SIGNATURE

I DECLARE THE FOREGOING IS TRUE AND CORRECT UNDER THE PENALTY OF PERLURY AND SIGNED ABOVE!

(4 OF 6)

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CONCLUSION

RESPECTFUZY SUBMITTED

6/26/08 DATED

MICHAEL LYNN WATERS
PLAINTIFF

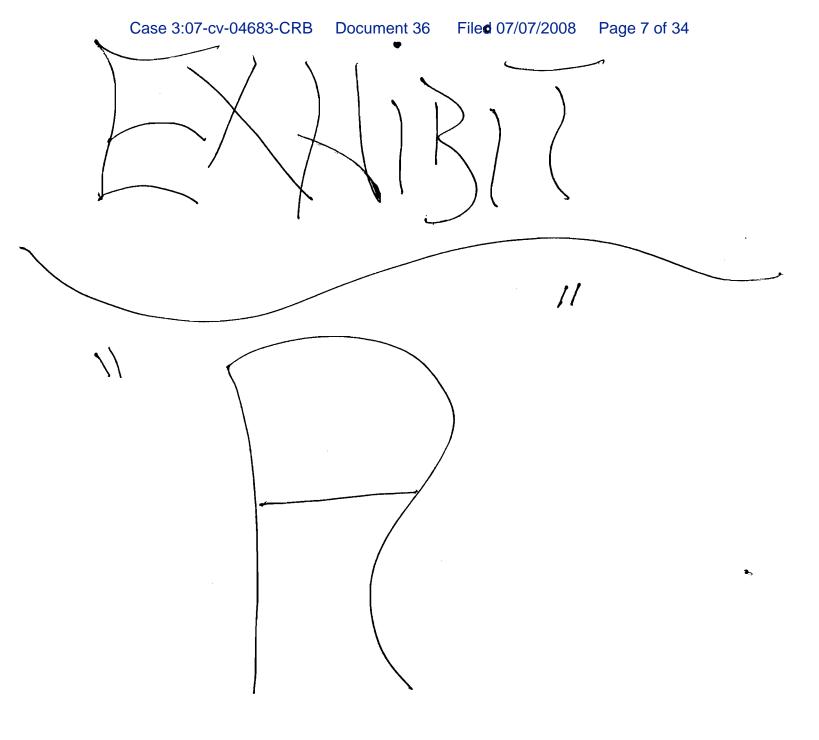
COURT PAPER STATE OF CALIFORNIA STD. 113 (REV. 5.72)

(50f 6)

DECLARATION OF SERVICE BY MAIL

	party to the within action TE PRISON
On <u>6/26/08</u> , I served a	copy of the attached
MOTION	
On the below-named persons by pl	
in envelope addressed as follows	
thereon fully prepaid, and deliv	ering the sealed envelopes,
according to the procedures pres	cribed for sending legal
mail, to the proper institutiona	l official for deposit
in the United States mail at Cor	coran, in the County of
Kings, California. CLERK OF COURT U.S. DISTRICT COURT	DEPUTY ATTORNEY CENERAL
NORTHERN DISTRICT OF	455 COLDEN GATE AVE,
CALIFORNIA 450 GOLDEN GATTE	SUITE 11600
CHIE SONI FORNIA CA	
FINE SAN FRANCISCO, CA 94102	SAN FRANCISCO, CA 94102-7004
Executed under penalty of perjury	

MIND YM WOTOTO



State of California

Department of Corrections and Rehabilitation CDC Form 695

INMATE/PAROLEE APPEALS SCREENING FORM

Name:	WATERS Number: \$\int 16171 \text{ Housing: }\mathbb{B}\text{8} 110
	YOUR APPEAL IS BEING REJECTED/CANCELLED AND RETURNED FOR THE FOLLOWING:
Screen	ing Appeals Rejection Criteria: The resolution is not within CDC's jurisdiction. See CCR, Title 15, Sections 3084.2(e) and 3084.3(c)(1).
V 2.	The appeal duplicates the inmates previous appeal. See CCR, Title 15, Section 3084.3(c)(2). [] (a) Your appeal has been screened out on
[]3.	The appeal concerns an anticipated action or decision. See CCR, Title 15, Section 3084.3(c)(3).
[]6.	The appeal exceeds the 15 working days time limit, and the inmate has failed to offer a credible explanation as to why he could/did not submit the appeal within the time limit. See CCR, Title 15, Sections 3084.2(c), 3084.3(c)(6), and 3084.6(c).
8.	Abuse of the Appeal Process/Right to Appeal. [] (a) Excessive filings. Submission of more than one non-emergency appeal within a seven-calendar-day period is excessive. See CCR, Title 15, Section 3084.4(a). [] (b) Inappropriate statements. The Appeal contains false information, profanity, or obscene language. The appeal is rejected. See CCR, Title 15, Section 3084.4(b). [] (c) Excessive verbiage. Appeal cannot be understood or is obscured by pointless verbiage or voluminous, unrelated documentation. See CCR, Title 15, Section 3084.4(c). [] (1) Only allowed 1 added page, front and back, to describe the problem and action requested in Sections A and B, per CCR, Title 15, Section 3084.2(a)(1). [] (2) Only supporting documentation necessary to clarify appeal shall be attached to the appeal, per CCR, Title 15, Section 3084.2(a)(2). [] (d) Lack of cooperation. Appellant refused to cooperate and/or interview with the reviewer which has resulted in cancellation of the appeal, per CCR, Title 15, Section 3084.4(d). [] (1) Your appeal was screened out and returned to you with instructions: [] [] (e) Failed to reasonably demonstrate the decision, action, policy, or condition as having an adverse affect upon the inmate's welfare, per CCR, Title 15, Section 3084.1(a). [M (f) This is a request for information. It is not an appeal. Write a note (GA-22, Request For Interview form or CDC-7362, Medical Request form).
[]9.	Cannot appeal on behalf of another inmate/person. See CCR, Title 15, Sections 3084.2(d) and 3084.3(c)(7).
	Issue resolved at previous level of Appeal review. See CCR, Title 15, Sections 3084.3(c)(8) and 3084.4(d).
Comme	ins: YOUR CHIEST UCC/IC ACTION IS BEING
C. E. W	DEC 1 1 2006 Date DEC 2 2 2006 S Coordinator

This screening decision may not be appealed unless you can support an argument that the above is inaccurate in such a case, please return this form to the Appeals Office with the necessary supporting information.

Name:	NATERS	Number: <u>P16171</u>	Housing: _	B8 110	2
	YOUR APPEAL IS BEING REJ	ECTED/CANCELLED AND RETURNE	ED FOR THE F	OLLOWING:	
Screen	ning Appeals Rejection Criteria: The resolution is not within CDC's jurisd	liction. See CCR, Title 15, Sections 3084.	2(e) and 3084.3(e	c)(1).	
X 2.	The appeal duplicates the inmates previous [] (a) Your appeal has been screened (b) Your appeal is being reviewed a [] (c) Your appeal has been completed	us appeal. See CCR, Title 15, Section 308 out on for the Level, Log # d at the Level, Log #	4.3(c)(2).	· · · · · · · · · · · · · · · · · ·	
[]3.	The appeal concerns an anticipated action	n or decision. See CCR, Title 15, Section 3	3084.3(c)(3).		
[]6.		ys time limit, and the inmate has failed to e time limit. See CCR, Title 15, Sections 3			
X 8.	[] (a) Excessive filings. Submission o excessive. See CCR, Title 15, Set I line I lin	f more than one non-emergency appeal wit ection 3084.4(a). Appeal contains false information, profanity ction 3084.4(b). Not be understood or is obscured by pointle 15, Section 3084.4(c). Dage, front and back, to describe the proble ion 3084.2(a)(1). The nentation necessary to clarify appeal shall refused to cooperate and/or interview with CR, Title 15, Section 3084.4(d). The nentation necessary to clarify appeal shall crefused to cooperate and/or interview with CR, Title 15, Section 3084.4(d). The nentation necessary to clarify appeal shall crefused to cooperate and/or interview with CR, Title 15, Section 3084.4(d). The nentation necessary to clarify appeal shall crefused to cooperate and/or interview with CR, Title 15, Section 3084.4(d). The netation necessary to clarify appeal shall crefused to cooperate and/or interview with CR, Title 15, Section 3084.4(d). The netation necessary to clarify appeal shall crefused to cooperate and/or interview with CR, Title 15, Section 3084.4(d). The netation necessary to clarify appeal shall crefused to cooperate and/or interview with CR, Title 15, Section 3084.4(d). The netation necessary to clarify appeal shall crefused to cooperate and/or interview with CR, Title 15, Section 3084.4(d). The netation necessary to clarify appeal shall crefused to cooperate and/or interview with CR, Title 15, Section 3084.4(d).	y, or obscene langers verbiage or voor and action require attached to the the reviewer whiles:	guage. The appeal in cluminous, unrelated uested in Sections A e appeal, per CCR, ich has resulted in erse affect upon the	A and B, Title 15, inmate's
[] 9.	Cannot appeal on behalf of another inmate	e/person. See CCR, Title 15, Sections 308	4.2(d) and 3084.	3(c)(7).	
[] 10.	Issue resolved at previous level of Appeal	review. See CCR, Title 15, Sections 308	4.3(c)(8) and 308	34.4(d).	
Comme	ENIEWED AT T	MCC/ICC AC	7/0/	15 /3E	inco
R	EVIEWED AT Th	re 21 Levec.			
	WW Z	DEC 2 6 2006 Date			

This screening decision may not be appealed unless you can support an argument that the above is inaccurate. In such a case, please return this form to the Appeals Office with the necessary supporting information.

PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE

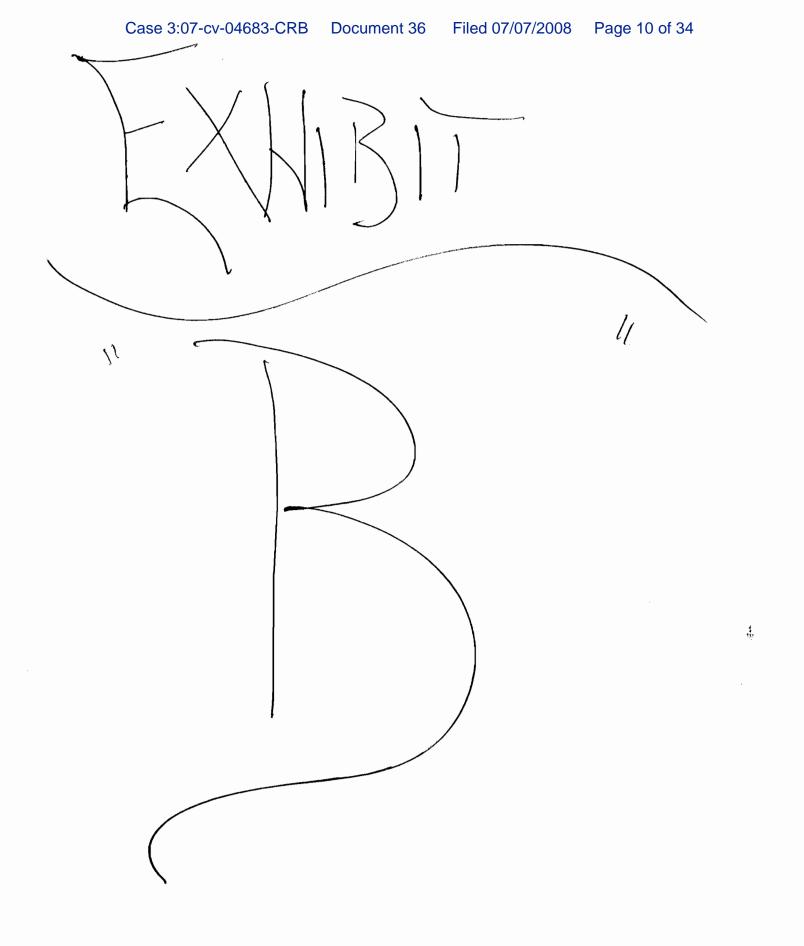
PB

(Rev. 11/06

CCR 3084.3(d)

PBSP

Appeals Coordinator



Case 3:07-cv-04685033 Pacining 36 1 File 07/07/2008 Page 11 of 34

AN GET MB SIP!

(APT, SIR

PLEASE, READ MY MENTAL HEACTH RECORD,

THEY TOOK ME OUT OF B-6-127

STATING THAT I HAVE NO SINGEL CELL

CHRONO AFTER BRING SINGEL CELL FROM

3/6/06 TO 8/12/06!?

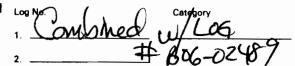
NOW, I'M OVER HERE IN B-8-111?
FOR WHAT SIR? WITH NO 115?
I'VE NEVER REFUSED A CELUE IN MY
LIFE!

LIFE! BUT I WAS GIVEN A SINGEL CELL CHEONO FOR THIS STATED ON RECORD, THAT NO-ONE WILL LOOK AT!

THE INMATES DON'T WANT TO UVE WITH ME, I'M NOT GOING TO KEEP TELLING EVERYONE WHAT MY ISSUES ARE! THOSELF WOULD BE A BIG PROBLEM FOR ME I HIMSELF AM I DOING RIGHT!

> WICHAEZ YNN WATERS #P-16171 B-8-111

INMATE/PAROLEE APPEAL FORM CDC 602 (12/87)



You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

for using the appeals procedure responsibly.				
MICHAE WATERS	P-16171	ASSIGNMENT NOINE		UNIT/ROOM NUMBER
A. Describe Problem: SiR, DUE TO	YOUR MIS	STAKE PORIFI	VOTT YOUR PECK	(ESS AW)
EVILINESS, KNOWING TH	AT ALL PEZIO	CAN BAY OFFICIAL	ls as of soer	KINGOF
CAPTAIN-FOSS, C/O KUNZ				
ON 3-6-06, BUT, YAU			CLEAREN FOR DO	JUBLE CELL!
YES SIR, YOUR EVILNESS !	WILL TON SIN	ow you to remen	NOBE THAT, NUL	z To my
CAN'T STOP PUTTING MY HA	ANDS ON MY	PRIVATE PARTS)	WARDEN PATTE	W MADE
ME (SINCE) - CELL), YOUR I				UNDERTHE
"S"-SUFFIX! SIR! I'M	BEING PUNI	SHED WITHOUT AN	y (CBC-115)	
If you need more space, attach one additional sh	neet.	588.(ATTACHED	
B. Action Requested: TO REVIEW M	ON (MENTAL	HEACTH) DIAGNO	7515, (2-19-2	12-2006)
IF I'M ONLY AN INMAT	1			A .
Him DUE TO my Problems		, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,
\$500.00 A-DAY-FROM-8-16-	06)\$500,000) IF I CAN'T FIND A	CELUE, (MV R+	P) STORE!
Inmate/Parolee Signature: Muchas	n • /	, · <u> </u>	• • • • • • • • • • • • • • • • • • • •	19-23-06
C. INFORMAL LEVEL Date Received: 9/20	1106			
	r oursen	thousing is	determine	Nou
FAC B. W.Cand	ICC Con	nmittees x	based on 4	out case
Jactors. I have no	suthore	ty w thes	notter,	Zdo_
not my suthant	I le gran	et you \$5	0000	
			/	
Staff Signature: MIT(a)	stohn		Date Returned to Inmate:	9.27-06
D. FORMAL LEVEL		,		
If you are dissatisfied, explain below, attach supposed to the Institution/Parole Region Appeals				io, CDC 128, etc.) and
T SENT THIS	TOCH	- INTAP IN	HO WAIB	THIS
MISTARE! WHO	IS THIS P	PERSON, P MV	(602) WENT	To
CCIT-LINFOR WHO D	IN RECORD	THE ICC STA	TEN ON 3-8	-06,
WHERE HE FORGOT THE CE	LE STATUS G	IVEN by WARDE	N-PATTEN	
Signature: Mushall With	tor		Date Submitted: _	9-28-06
Note: Property/Funds appeals must be accompa	anied by a completed		CDC A	ppeal Number:
Board of Control form BC-1E, Inmate Claim		1/		
V IM	abined a	1		
ON.	whiled a	_0278 1		

First Level	Case 3:07-cv-04		ocument 36 Denied 🔲 (Filed 07/0	7/2008	Page 13 of 34
	'S ACTION (Complete with	in 15 working days):	Date assigned:			Due Date:
•	1 by:		, ,			
iiitei vie vvet			(
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			_			
_						
Staff Signatur	e:		Title: .	R		Date Completed: 42404
Division Head	APPROVED A		-	ANGV		Returned 10-31-01
Signature:	1111					Date to Inmate: 10 51906
F. If dissatisfic receipt of re		uesting a Second-Lev	el Review, and sub	omit to Institution o	r Parole Regio	on Appeals Coordinator within 15 days o
Im	BEING DENI	ED TO IN	TERVIBU	J WITNE	355E5/	THE US SUPREM
CAURI					,	CONSTITUTIONAL
RIGH						ERYONE HAS TO
	OW THE RULE	2				77
	Michael L	Lun Wate		ONLIED		11/2/16
Signature:	Thursday of					Date Submitted: /// 국/ 0 1/9
Second Level	☐ Granted ☐ P	. Granted 🔲 🕻	Denied 🔲 (Other		
G. REVIEWER	'S ACTION (Complete with	nin 10 working days):	Date assigned:			Due Date:
☐ See Attach	ed Letter					
•						Data Carralata di
Signature: _	-					Date Completed:
	rintendent Signature:					Date Returned to Inmate:
H. If dissatisf response.	ied, add data or reasons f	or requesting Dire	ctor's Level Revie	w, aidd submit by	mail to the t	hird level within 15 days of receipt o
			- B			
					7 	
						<i>J</i>
						-
	-					
Signature: _						Date Submitted:
	 _				,	·
For the Direct	or's Review, submit all doc	uments to: Director P.O. 8ox				
			nto, CA 94283-00 ef, Inmate Appeal			
		Attii. Chi				
DIRECTOR'S	ACTION: Granted	P. Granted	☐ Denied	Other		
See Attach	ned Letter					

CDC 602 (12/87)

FIRST LEVEL APPEAL RESPONSE

PELICAN BAY STATE PRISON RE:

> Appeal Log PBSP-B06-02489 First Level Reviewer's Response

Inmate: WATERS, P-16171

APPEAL DECISION: DENIED

ACTION REQUESTED: (MODIFIED)

You are requesting single cell status. You also want \$ 500,000 due to the "evil motive, intent reckless or callous indifference to constitutional rights of others."

APPEAL ISSUE:

You claim you should be on single cell status. You feel you have been removed from single cell status illegally.

APPEAL RESPONSE:

A thorough review of your appeal has been completed. Your allegations and requested actions have been given careful consideration. You were interviewed by S. Walch, Correctional Counselor II (CCII) on October 25, 2006. You reviewed your appeal and verified it was true and correct.

You stated you should be single celled and you should have never been removed from single cell status. You went on to say that the "bottom line on all this is that you want to be single celled." You also stated this appeal would "disappear" if you were placed on single cell status. You stated you cannot keep your hands off your privates, and you masturbate constantly throughout the day. This has caused problems with your cellies in the past. A review of this appeal shows you were interviewed by CCII Kasbohm on September 27, 2006, and by Sergeant Johnston on September 15, 2006, regarding this same issue. Both individuals denied this appeal on the informal level.

A review of your Central File shows you have a history of asking for single cell status. You appeared before PBSP, EOP ICC on March 8, 2006,. The CDC 128G from that Committee states you are cleared for double ceiling in the General Population setting. A review of your CDC 812 (nonconfidential enemy list) and your 812 C (confidential enemy list) show you have no enemies at PBSP.

Mr. R. Jackson, MSW, was interviewed on October 25, 2006. He is familiar with your mental health history and issues. Mr. Jackson state there was no reason for you to be single celled. He has written a 128C dated October 5, 2006. This 128C states, in part, that he finds "insufficient information to support single cell status for this inmate based on his mental health needs."

DETERMINATION OF ISSUE:

Based on the above information your appeal is **DENIED** at the first level review. There is no legitimate reason for you to be single celled or to be paid \$ 500.00.

M. FOSS

Facility B

Facility Captain

M. A. Cook

Associate Warden

General Population



FIRST LEVEL APPEAL RESPONSE

DATE:

March 3, 2006

APPEAL NUMBER:

PBSP-A06-00110

INMATE:

WATERS, P-16171

APPEAL DECISION:

GRANTED

APPEAL ISSUE (MODIFIED):

You are requesting to be single celled and to have that based on your mental health issues.

FINDINGS:

D. Swearingen, Correctional Counselor II (CCII), was assigned to investigate your complaint as the First Level Reviewer. A review of your appeal, attachments, and prior staff responses has been completed. During the course of the investigation, the following information was noted:

An investigation of your complaint revealed you went from Building A6-218 to the Infirmary, on February 19, 2006, into a "Crisis Bed." You received a basic cell move on February 28, 2006, to B1-115 (PSU). You went to ICC committee on February 28, 2006, and were made single cell status. In your 602, you requested Lt. Terry, Facility A Lieutenant, to do the single cell review. This now appears to be a moot issue, as you are no longer on Facility A and you are currently single cell status in PSU. Your mental health issues are being addressed and the issues addressed in your 602 are currently in place.

DETERMINATION OF ISSUE:

A thorough review of the allegation presented in this complaint has been completed. Based on the above, your appeal is Granted at the First Level of Review.

M. A. SMELOSKY

Facility Captain, Facility A

FRANCISCO JACOUEZ

Associate Warden, General Population

State Of California

No: P 16171

Name: WATERS, Michael

Cust: CLOB CS: **89**(IV-ASU)

Reclass: 3-29-06(30 ASU) 12-20-06(Ann) Rel Date: MEPD 3-29-17

Housing: B1 115

WG/PG: A2/B(3-30-05)

Assign: EOP Level IV

Action: Auth Rel To PBSP IV GP EOP @ Bed Avail Reaff Cust, (OK D/C In GP), WG/PG A2/B

Department of Correct

S appeared before Pelican Bay State Prison (PBSP) Facility B, Psychiatric Services Unit (PSU), Institution Classification Committee (ICC) for Initial Administrative Segregation Unit (ASU) Review. Prior to committee Correctional Counselor II (CCII), S. O'Dell was assigned as Staff Assistant and was present during committee. Committee effectively communicated with the S by use of simple English. Committee notes CDC Form 128-C, Medical/Madrid Chrono, dated 3-8-06 indicating Enhanced Outpatient Program (EOP) Level Of Care (LOC) and the S does meet the court ordered criteria for exclusion from PBSP Security Housing Unit (SHU). S was in PBSP Level IV General Population (GP) A-6 and has often refused to be double celled. S was moved to the infirmary 2-19-06, and to PBSP PSU on ASU status on 2-28-06, awaiting bed space in GP EOP. S need for EOP LOC supports PSU for EOP LOC pending GP Bed space. Prior to committee S was issued a copy of his CDC Form 114-D, Order and Hearing for Placement in Segregated Housing with no Investigative Employee assigned, as the issues are not complex and S did not reasonably request witnesses. Note Medical General Chrono CDC 128-B dated 10-11-05 which clears S for Double celling in GP. Note UCC action of 12-22-05 which clears S for double cell in GP.

Committee acts to: Authorize Release To PBSP IV GP EOP, at Bed Availability; reaffirm custody as CLOB, cleared for double celling in GP; reaffirm Work and Privilege Group (WG/PG) as A2/B effective 3-30-05. This is a non-adverse transfer, and upon transfer S's Custody and Work/Privilege Group (WG/PG) shall be CLOB, A1/A.

This action was with the recommendation and agreement of clinical mental health care staff in order to enhance S's mental health care needs. The Staff Mental Health Clinician, who was a participant in this committee, confirmed the S's LOC to be EOP. The Staff Mental Health Clinician indicated S has a high degree of participation in the Mental Health Program. The Staff Mental Health Clinician determined the S is capable of understanding and participating in the classification hearing. The Clinician recommended to the committee chairperson, the S should continue EOP LOC.

Case factors may be reviewed in CDC Form 128-G, Classification Chrono dated 1-11-05. S is not foreign born, There are no holds, escapes, arsons, or sex offenses noted. Disciplinary history includes last CDC form 115, Rule Violation Report (RVR) dated 12-19-04 for disrespect, with prior RVRs for threat to inmate, delaying a Peace Officer (P/O), disobeying orders, work failures, possession of weapon, disruptive, and falsifying documents. S has served two Security Housing Unit (SHU) Terms (S/Ts) with last Minimum Eligible Release Date (MERD) expiring 9-4-04. S is NDD per CDC Form 128-C2, Clark Medical Chrono dated 6-23-03. S is continually being evaluated for health care services per the Clark Decision, by his assigned clinician. TB Code is 22 per CDC Form 128-C, dated 4-5-05. Education level is noted as Reading Grade Point Level (RGPL) of 7.5. CDC Form 812, Notice Of Critical Case Information-Safety Of Persons does reflect enemies, but none at PBSP, and gang/TIP association of Bloods. S's confidential portion of his C-File is clear. County of Last Legal Residence (CLLR) is Los Angeles (LA), but S was also a then recent resident of Louisiana. S is ineligible for CCRC, CCF, MSF, Camp, SAP/SATF or Restitution Center placements due to his current Psychiatric concerns, and representing an unacceptable risk to the community. Restitution is required. Registration/Notification is required for Penal Code (PC) 3058.6, PC 296 (Blood & Saliva). S meets the criteria for 180 degree designed facility based on SHU/PSU placement within the last three years.

S's appeal rights were explained and the S acknowledged understanding of committee's actions and agrees with the action. S is advised that any appeal of the Committee action must be submitted to PBSP Appeals Office within 15 working days of date of committee, whether S has received his copy of CDC Form 128-G, Classification Chrono or not. Penal Code (PC) 2930 and PC 2934 complied with.

Com. Memb:

Chair: F. Jacquez, CDW(A)

C. Patten, A/W(A)

Recorder: R. A. Linfor, CCII

Clinician: V. Cappello, LCSW

Dist: 🛛 C File (Original) 🔻 Inmate 🔻 CCII 📗 OBIS 📋 CSR 🔝 IGI 📋 PSYCH 🔲 MED 📋 C&PR 📋 OTHER

Date: 3-8-06

Classification Chrono Initial ASU PSU Review

PBSP Fac. B PSU RAL PSU Disk # 35 (P16171a.Doc) STATE OF CALIFORNIA

NO: P-16171

NAME: WATERS, Michael

CS: 89 (IV)

Custody: CLO B

RelDate: MEPD 03/29/2017

C/C Eff. 09/21/06

Reclass: 10/25/06

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Housing: B8-110

Assignment: VUN Action:

PLACE IN BMU PROGRAM FOR 90 DAYS. PLACE ON STEP 1 OF ITP FOR 30 DAYS. **ESTABLISH** C/C **EFFECTIVE** 09/21/06. REMOVE FROM JOB ASSIGNMENT. REMOVE

Nmalton

DUA WL.

Inmate Waters appeared before PBSP FAC B BMU UCC on this date for Initial Review. Committee notes CDC 128C, Mental Health Screening chrono, dated 06/15/06, denoting CCCMS level of care. DDP Review: 128C-2 in Central File. Prior to Committee, Correctional Counselor I Webster was assigned as staff assistant and was present during Committee. The staff assistant was assigned for the following reason: CCCMS level of care. Committee notes S has an RGPL of 7.5. Effective communication was achieved using short sentences and simple English, and S appeared to understand. Grooming standards and PBSP expectations were discussed and S stated he was willing to comply. Committee notes S's reason for Behavior Modification Unit (BMU) placement is due to: S was deemed a program failure defined by the CCR, Title 15, Section 3000 by ICC. S is determined to be compatible with another inmate and refuses to voluntarily double cell, or refuses to participate in the racial integration policy as defined in the Johnson v. State of California settlement agreement. The Director's rules, PBSP expectations, and specific privileges and nonprivileges of WG/PG C/C were thoroughly explained. Placement score is a current Level IV score of 89 points. Mandatory score of 19 is noted for VIO suffix. S was advised to notify staff immediately of any enemy situation which may arise. Committee noted S has no cellmate, and the "S" suffix has not previously been applied. S is approved for 180 design facilities. S meets 180 Design Level IV criteria due to Code A1 (SHU placement during the last three years). Committee acts to place S into the BMU program for 90 days and pace on step # 1 of Individual Treatment Plan (ITP) for 30 days. S advised of his ITP which includes the basic requirement that he remain disciplinary free for 90 days prior to any consideration for his release from BMU and his completion of the selected behavior modification assignments. Establish WG/PG C/C status effective 09/21/06. Remove from current assignment (Voluntarily unassigned) and DUA waiting list, and continue at CLO B custody. S was reviewed and cleared for double celling noting no history of in-cell violence. S participated, acknowledged understanding, and disagreed with Committee action, stating "I never did tell UCC that I would not take a cellie. I'm not refusing a cellie, but if I go into the cell there is probably going to be a problem." UCC stated there is no documentation to substantiate single cell status. S continued stating "Put your John Hancock on it and then I will do what you say." S is eligible to work around computers, computer systems, or be in areas that may have access to personal information per PC 2702, PC 502, or PC 5071. PC 2933 and 2930 complied with. S was advised of Committee's decision and his right to appeal. The inmate has been advised that any appeal of this committee action must be submitted within 15 working days of this date, whether he has received the CDC form 128-G classification chrono or not. Next scheduled Committee will be on 10/25/06 for Program Review. BPH DOC # 1 Hearing scheduled in 03/2013

CHAIRPERSON:	M. FOSSE	J. ROBERTSO	N/CCII S.	ROBERTS/	EDUCATION	RECORDER: D. ME	
OBIS CSH	∐IGI ∐PSYCF	MED OTHER					
Committee Date:	09/21/06	(MELTON/ew)	Classification	FAC-B B	MUTUCC	INITIAL REVIEW	Inst: PBSP

Filed 07/07/2008 Page 18 of 34 Case 3:07-cv-04683-CRB Document 36

NAME: WATERS

CDC #: P-16171

HOUSING B8-1101.

PBSP 128-C

I have met with the above named inmate and reviewed as mental health record and Central File. I have also discussed the case with the Senior Psychologist on Familie B. find insufficient information to support single cell status for this inmate based on his mental healt in seas.

Original:

Central File

cc:

CCI

AWC-B File Health Record

H. JACKSON

MSW Facility B

DATE: 10/05/06 NAME: WATERS CDC #: P-16171 HOUSING: B8-110L PBSP

PSYCHIATRIC

PELICAN BAY STATE PRISON SECOND LEVEL REVIEW

DATE: DEC 1 2 2006

Inmate WATERS, P-16171 Pelican Bay State Prison Facility B, General Population Building 8, Cell 110

RE: WARDEN'S LEVEL DECISION APPEAL LOG NO. PBSP-B-06-02489 APPEAL: DENIED ISSUE: CUSTODY/CLASS

This matter was reviewed by ROBERT A. HOREL, Warden, at Pelican Bay State Prison (PBSP). S. Walch, Correctional Counselor II (A), interviewed the inmate on October 25, 2006, at the First Level of Appeal Review.

ISSUES

Inmate Waters requests to be housed in accordance with his single cell designation and seeks financial compensation.

FINDINGS

I

The inmate alleges staff continually refuses to acknowledge his single cell designation and refers to a prior Appeal Log # PBSP-A06-00110 as substantiation that he has been cleared for single-celling by an Institution Classification Committee (ICC) on February 28, 2006, due to his mental health needs.

II

However, an additional review was conducted of the inmate's Central File at the Second Level of Review at which time it was determined that an ICC action did not occur on February 28, 2006. The inmate was actually placed in the Psychiatric Services Unit (PSU) on this date and housed single celled like all inmates in this program. He subsequently appeared before an ICC on March 8, 2006, at which time he was cleared for release from the PSU and designated as eligible for double-celling. A subsequent committee confirmed the inmate's eligibility for double-celling on September 21, 2006.

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The California Code of Regulations, Title 15, Section 3377.1 (c), states an 'S' suffix may be affixed by a classification committee to the inmate's custody designation to alert staff of an inmate's need for single cell housing. The committee's decision shall be based on documented evidence that an inmate may not be safely housed in a double cell and based on a recommendation by custody staff or a health care clinician.

DETERMINATION OF ISSUE

The inmate stated during the appeal interview that he needs to be single celled as he has problems with cellmates due to his frequent masturbation which he claims is uncontrollable. However a CDC 128-C, Medical Chrono dated October 5, 2006, does not support the inmate's claim as it states there is insufficient

Supplement Page 2 Waters, P-16171 Appeal # PBSP-B-06-02489

information to support single cell status based on mental health needs. As a result, a determination has been made that the inmate is appropriately designated as eligible for double celling; therefore, the APPEAL IS DENIED. Additionally, financial compensation is not within the scope of the appeals process.

MODIFICATION ORDER

No modification of this action or decision is required.

ROBERT A. HOREL

Warden

Pelican Bay State Prison

BDS #48 11-27-06

INMATE / PAROLEE APPEAL FORM Vou may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CO: 115. classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the paper points of the appropriate information of the paper points of the appears and the paper points are relief to the paper points of the appears for the responsibility. **NOTIFICATION OF THE PROPRIET OF THE PROPRIET OF THE PAPER POINTS OF THE PAPER PAPER POINTS OF THE PAPER PAPER POINTS OF THE PAPER PAPE				
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Staff Signature: D. Johnston, Therefore you are appropriately Housed— Staff Signature: D. Johnston, Set. Facility B. I Julian Date Returned to Inmate: 9/15/06 D. FORMAL LEVEL If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) assubmit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response. MY WITNESSES ARE WARDEN, JAC QUEZ, CAPT- M. A. SMELOSKY, CCTT SWEAR INCEN, IF THE (602) LOG-NO: AOG-OCIN WAS GRANTED ON 3/6/0 WHEN I WENT TO ICC, HEAD HOW CAN I BECOME JOUNG-CRIL ON 3/8/06. P THE SGT HAS OVER PULES A MENTAL HEALTH DOCTOR FOR A CO.! Signature: Michael Your Walles Note: Property/Funds appeals must be accompanied by a completed CDC Appeal Number:				
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D. FORMAL LEVEL If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) a submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response. MY WITNESSES ARE WARDEN, JACQUEZ, CAPT- M.A. SME LOSKY, CCTL SWEAR INCEN, IF THE (602) LOG-NO: AGG-COIN WAS GRANTED ON 3/4/6 WHEN I WENT TO ICC, HOST HOW CAN I BECOME NOUNGE-CRU ON 3/8/66. P THE SGT HAS GYER RUED A MENTAL HEALTH DOCTOR FOR A CO.! Signature: Michael Year Walles Note: Property/Funds appeals must be accompanied by a completed CDC Appeal Number:	IN GENERAL POPULATION,	Therefore you Are A	ppacpaintly House	<u></u>
D. FORMAL LEVEL If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) a submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response. MY WITNESSES ARE WARIEN, JAC QUEZ, CAPT- M. A. SME LOSKY, CCTT SWEARINGEN, IF THE (602) LOG-NO: AOG-OOIN WAS GRANTED ON 3/6/0 WHEN I WENT TO ICC, HOST HOW CAN I BECOME LOUNGE-CELL ON 3/8/06. P THE SGT HAS GYER PULE) A MENTAL HEALTH DOCTOR FOR A CO.! Signature: Michael Yun Walled Date Submitted: 9-15-06 Note: Property/Funds appeals must be accompanied by a completed CDC Appeal Number:	Staff Signature: D. Johnston . 567.	FACILITY B & Philips	Date Returned to Inc	mate: 9/15/06
If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) a submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response. MY WITNESSES ARE WARDEN, JACQUEZ, CAPT- M. A. SME LOSKY, CCTT SUEAR INCEN, IF THE (602) LOG-NO: AGG-COIN WAS GRANTED ON 3/6/6 WHEN I WENT TO ICC/HOST HOW CAN I BECOME JOUNE-CELL ON 3/8/06. P THE SGT HAS OVER PULEI) A MENTAL HEALTH DOCTOR FOR A CO.! Signature: Michael Your Wallow Date Submitted: 9-15-06 Note: Property/Funds appeals must be accompanied by a completed CDC Appeal Number:	otali dignature.			
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MY WITNESSES ARE WARDEN, JACQUEZ, CAPT-M.A. SME'LOSKY, CCII SWEARINGEN, IF THE (602) LOG-NO: AOG-OOIN WAS GRANTED ON 3/6/0 WHEN I WENT TO ICC, HOST HOW CAN I BECOME DOUBLE-CELL ON 3/8/06. P THE SGT HAS OVER PULED A MENTAL HEALTH DOCTOR FOR A C/6! Signature: Michael Tymn Walted Date Submitted: 9-15-06 Note: Property/Funds appeals must be accompanied by a completed CDC Appeal Number:				n chrono, CDC 128, etc.) and
SWEARINGEN, IF THE (602) LOG-NO: AGG-COIN WAS GRANTED ON 3/6/6 WHEN I WENT TO ICC, HOST HOW CAN I BECOME NOUNGE-CRIL ON 3/8/06. P THE SGT HAS OVER RULEN A MENTAL HEALTH DOCTOR FOR A C/6! Signature: Michael Tynn Walton Note: Property/Funds appeals must be accompanied by a completed CDC Appeal Number:	50.3			LALL COTT
WHEN I WENT TO ICC HOST HOW CAN I BECOME NOUNGE-CELL ON 3/8/06. P THE SGT HAS OVER RULEN A MENTAL HEALTH DOCTOR FOR A CO! Signature: Michael Cymn Walton Date Submitted: 9-15-06 Note: Property/Funds appeals must be accompanied by a completed CDC Appeal Number:	MIN WITHESSES HEE	WHRIEN, JACQUEZ, C	Api- Min. Smel	OSKY, CC#
Signature: Michael Chun Walter Note: Property/Funds appeals must be accompanied by a completed Michael Chun Walter Date Submitted: 9-15-06 CDC Appeal Number:	SWEARINGEN IF THE CO	602) 10G-NO: AOG-00	10 WAS GRANT	EN ON 3/6/06
Signature: Michael Cyun Walton Note: Property/Funds appeals must be accompanied by a completed Michael Cyun Walton Date Submitted: 9-15-06 CDC Appeal Number:	WHEN I WENT TO TOO! H	MAN COULT became	e NoviWA-CAIL O	N 3/8/06 P
Signature: Michael Tyun Wallis Note: Property/Funds appeals must be accompanied by a completed Date Submitted: 9-15-06 CDC Appeal Number:	THE SET HAS EVED DU	1 1/- 1	11 MOTAP ED N	Chil
Note: Property/Funds appeals must be accompanied by a completed CDC Appeal Number:	THE DGT HAD OVER EUC		41 DOCAG 408 14	90.
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Board of Control form BC-1E, Inmate Claim		inied by a completed		CDC Appeal Number:
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First Level	Case 3:07-cv-0₄ ☐ Granted ☐	4683-CRB DOC P. Granted De	cument 36	Filed 07/07/20	08 Page 22 of 3 ————————	4
E. REVIEWER'S	S ACTION (Complete wi	thin 15 working days): Da	ate assigned:	1-29-06	Due Date: <u> </u>	4-06
					note mason for s	•
	< utable			ccit		10/2 = /21
Division Head Signature:	S. Walk	1de	Title:	AWG-P	Date Completed: _ Returned Date to Inmate:	0-31-06
F. If dissatisfier receipt of rec	SNE TOOK TO SE YM J CAN S ST/ ANY U	NE NOTE OF SEE IT WAS JAY, I'M be	FTHAT WOTE I	-	EARINGEN ON THE BAC BSSES TO NO OFFICIALS FAC Date Submitted:	NAI ATTAWA LOF MY NY FACTS, 15.7 11/2/06
Second Level	☐ Granted ☐	P. Granted De	nied 🗆 Ot	her		
	S ACTION (Complete wi	thin 10 working days): Di	1	1-03-06	Due Date: 12-	
Signature:	. Lampl	es cett	7	en en		11-27.06
	intendent Signature: ed, add data or reasons	for requesting a Director	or's Level Review		Date Returned to Ir to the third level within 1	5 days of receipt of
THE (FACTS) AR	ESTILL WE	PANC AN	1) THESE A	ACIALS KNOW	JIT)
ACAI (3-6) If I	V (WHY IS TO -06) IN (F HAVE A (SA HARD B-1-115) PY HISTARY) A	TA REVI AND THE FASEIN	BW THE () ESCARTING G FOR (SIM	PSU) (NG BA C AFRICERS (CAE-CE/L)	AK IN PASA, WHY 13
Signature:	Mohail	C) IS Spale	V HBPE:	(A) I WA	<u> </u>	12/28/06
For the Director	's Review, submit all do			1		
DIRECTOR'S A	CTION: Granted	☐ P. Granted	☐ Denied	☐ Other	Deter	

CDC 602 (12/87)

Department of Corrections and Rehabilitation CDC Form 695

	INMATE/PAROLEE DISCIPLINARY APPEALS SCREENING FORM
√ame: _	WATELES PBSP-Log#:
lumber:	P16171 Housing: (B8 110)
/OUR	APPEAL IS BEING REJECTED/CANCELLED AND RETURNED FOR THE FOLLOWING:
<u>icreening</u>	ng Appeals Rejection Criteria: The resolution is not within CDC's jurisdiction. See CCR, Title 15, Sections 3084.2(e) and 3084.3(c)(1).
] 2.	The appeal duplicates the inmates previous appeal. See CCR, Title 15, Section 3084.3(c)(2). [] (a) Your appeal has been screened out on for [] (b) Your appeal is being reviewed at the Level, Log #
] 3.	The appeal concerns an anticipated action or decision. See CCR, Title 15, Section 3084.3(c)(3).
£6.	The appeal exceeds the 15 working days time limit, and the inmate has failed to offer a credible explanation as to why he could/did not submit the appeal within the time limit. See CCR, Title 15, Sections 3084.2(c), 3084.3(c)(6), and 3084.6(c).
	Abuse of the Appeal Process/Right to Appeal. [] (a) Excessive filings. Submission of more than one non-emergency appeal within a seven-calendar-day period is excessive. See CCR, Title 15, Section 3084.4(a). [] (b) Inappropriate statements. The Appeal contains false information, profanity, or obscene language. The appeal is rejected. See CCR, Title 15, Section 3084.4(b). [] (c) Excessive verbiage. Appeal cannot be understood or is obscured by pointless verbiage or voluminous, unrelated documentation. See CCR, Title 15, Section 3084.4(c). [] (1) Only allowed 1 added page, front and back, to describe the problem and action requested in Sections A and B, per CCR, Title 15, Section 3084.2(a)(1). [] (2) Only supporting documentation necessary to clarify appeal shall be attached to the appeal, per CCR, Title 15, Section 3084.2(a)(2). [] (d) Lack of cooperation. Appellant refused to cooperate and/or interview with the reviewer which has resulted in cancellation of the appeal, per CCR, Title 15, Section 3084.4(d). [] (1) Your appeal was screened out and returned to you with instructions: [] [] (e) Failed to reasonably demonstrate the decision, action, policy, or condition as having an adverse affect upon the inmate's welfare, per CCR, Title 15, Section 3084.1(a). [] (f) This is a request for information. It is not an appeal. Write a note (GA-22, Request For Interview form or CDC-7362, Medical Request form).
] 9.	Cannot appeal on behalf of another inmate/person. See CCR, Title 15, Sections 3084.2(d) and 3084.3(c)(7).
] 10.	Issue resolved at previous level of Appeal review. See CCR, Title 15, Sections 3084.3(c)(8) and 3084.4(d).
ommen	IS: TIME IS GONG GONE, SEE YOUR COUNSELEN
70	REVIEW CASE FACTORS THAT HAVE CHANGED
	VCE 3-3-06.
E. WI	ID/AH/OL Date

This screening decision may not be appealed unless you can support an argument that the above is inaccurate. In such a case, please return this form to the Appeals Office with the necessary supporting information.

ppeals Coordinator

INMATE/PAROLEE APPEALS SCREENING FORM

Name: _	WATERS Number: <u>P16171</u> Housing: <u>B8 110</u>
	YOUR APPEAL IS BEING REJECTED/CANCELLED AND RETURNED FOR THE FOLLOWING:
Screenir] 1.	ng Appeals Rejection Criteria: The resolution is not within CDC's jurisdiction. See CCR, Title 15, Sections 3084.2(e) and 3084.3(c)(1).
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] 3.	The appeal concerns an anticipated action or decision. See CCR, Title 15, Section 3084.3(c)(3).
X 6.	The appeal exceeds the 15 working days time limit, and the inmate has failed to offer a credible explanation as to why he could/did not submit the appeal within the time limit. See CCR, Title 15, Sections 3084.2(c), 3084.3(c)(6), and 3084.6(c).
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ENIA	AL, RE-SUBMIT COC FORM GOD WITH ONE (1) ADDITIONAL
ABE	ONLY. IT APPEARS, HOWEVER, THAT YOU ALREADY
THE	D AN APPEAL ON THIS ISSUE AND TIME CONSONAINTS
E. E. W	THE I AM INCORPECT ABOUT THE TOP TWO REASONS FOR AL, RE-SUBMIT COC FORM GOD WITH ONE (1) ADDITIONAL ONLY. IT APPEARS, HOWEVER, THAT YOU ALREADY DAY APPEAL ON THIS ISSUE AND TIME CONSTRUINTS HAVE EXPINED. DEC 11 2006 TILBER Date

This screening decision may not be appealed unless you can support an argument that the above is inaccurate in such a cass, please return this form to the Appeals Office with the necessary supporting information.

INMATE/PAROLEE
APPEAL FORM

Location: Institutio PBSP Log No.

1. Log No.

2/5

DOUBLE CELLY
COUNTY OF THE PROPERTY OF THE

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly

for using the appeals procedure responsibly.	
Waters, M. P16171 ASSIGNMENT	B8-110
A. Describe Problem: ESTELLE, 429 U.S. AT 103-104, 97 S.CT. AT 290,	IN YOUNGBERG V.
ROMFO, 457 U.S. 307, 102 S. CT. 2452, 731. Ed. 2d 28 (1982) THE	COURT EXTENJED
ESTELLE TO IMPOSE A DUTY UPON THE STATE TO PROVIDE INVOL	UNTARILY COMMITTED
MENTAL PATIENTS SUCH SERVICES AS ARE NECESSARY TO W	NSUPE THEIR
REASONABLE SAFETY, FROM OTHERS, DESHANEY BY FIRST Y.	4
DEPT. OF SOCIAL SERVICES, 489 11.5, 189, 199, 109 5. CT. 998, 10	
(1989). WHEN I WAS TAKEN TO UCC TODAY, CAPT. FOSS	
SERING MY PAPER WORK, YOU WON'T HAVE A SINGEL-CELL, AN	IN HOW JUD YOU GET
If you need more space, attach one additional sheet.	SER (ATTA CHE) PAGE
B. Action Requested: \$500,000 Dollars IF I'M HURT OF HURT SOY	
NOT TELLING ANDONE THAT I WAS MADE SINGEL-CA	3U, If SOMBONE
would cellie-up with me live This, (\$500,00) Dollars	3 from 8-16-06-
CN(THAT IM, OUT OF G. P. NO-1155 OP REFUSEAL,	
Inmate/Parolee Signature: Michael L. Waters	Date Submitted: 9-21-06
C. INFORMAL LEVEL (Date Received:)	and all
Staff Response:	
	<u> </u>
	<u> </u>
	> S
Staff Signature: Date Ref	turned to Inmate:
D. FORMAL LEVEL If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Completed CDC 115, Investigator's Report, CD	Naccification obtains CDC 128 atc hand
	ise.
Signature:	Date Submitted:
	se.

First Level					
					Due Date:
Interviewed	l by:				
,					
Staff Signatur Division Head			Title:		Date Completed:Returned
			Title:		Date to Inmate:
F. If dissatisfic receipt of re		for requesting a Secor	nd-Level Review, and su	bmit to Institution or Parole Re	gion Appeals Coordinator within 15 da
Signature:					Date Submitted:
Second Level	☐ Granted	□ P. Granted	☐ Denied ☐	Other	
	_				Due Date:
	'S ACTION (Comp				
G. REVIEWER See Attach	"S ACTION (Completed Letter	ete within 10 working	days): Date assigned: _		Due Date:
G. REVIEWER ☐ See Attach Signature:	'S ACTION (Completed Letter	ete within 10 working	days): Date assigned: _		Due Date:
G. REVIEWER ☐ See Attach Signature: Warden/Supe	'S ACTION (Compled Letter	ete within 10 working	days): Date assigned: _		Due Date: Date Completed: Date Returned to Inmate:
G. REVIEWER ☐ See Attach Signature: Warden/Supe	'S ACTION (Compled Letter	ete within 10 working	days): Date assigned: _		Date Completed:
G. REVIEWER See Attach Signature: Warden/Supe H. If dissatisf response.	'S ACTION (Compled Letter	ete within 10 working	days): Date assigned: _		Date Completed: Date Returned to Inmate: e third level within 15 days of received.
G. REVIEWER See Attach Signature: Warden/Supe H. If dissatisf	'S ACTION (Compled Letter	ete within 10 working	days): Date assigned: _		Due Date: Date Completed: Date Returned to Inmate:
G. REVIEWER □ See Attach Signature: Warden/Supe H. If dissatisf response. Signature: For the Director	rintendent Signatured, add data or re	t all documents to: Dir P.C	a Director's Level Reviews a Director's Level Reviews a Director of Corrections D. Box 942883 cramento, CA 94283-00 cn: Chief, Inmate Appeal	ew, and submit by mail to the	Date Completed: Date Returned to Inmate: e third level within 15 days of received.
G. REVIEWER See Attach Signature: Warden/Supe H. If dissatisf response. Signature:	rintendent Signation of add data or reserved.	t all documents to: Dir	a Director's Level Reviews a Director's Level Reviews cector of Corrections Box 942883 cramento, CA 94283-00 cric Chief, Inmate Appeal	ew, and submit by mail to the	Date Completed: Date Returned to Inmate: e third level within 15 days of recei
G. REVIEWER See Attach Signature: Warden/Supe H. If dissatisf response. Signature:	rintendent Signation of Section (Complete Letter string) of the Complete Letter string of the Co	t all documents to: Dir	a Director's Level Reviews a Director's Level Reviews cector of Corrections Box 942883 cramento, CA 94283-00 cric Chief, Inmate Appeal	ew, and submit by mail to the	Date Completed: Date Returned to Inmate: e third level within 15 days of received the submitted:
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INMATE/PAROLEE	gion Log No. Category
APPEAL FORM	
CDC 602 (12/87)	DISPUTING D/C
You may appeal any policy, action or decision which has a significant adverse a	affect upon you. With the exception of Serious CDC 115s, classification
committee actions, and classification and staff representative decisions, you mus member, who will sign your form and state what action was taken. If you are	st first informally seek relief through discussion with the appropriate staff
documents and not more than one additional page of comments to the Appeals C	
for using the appeals procedure responsibly.	
MICHAEL LYNN WATERS P-1617/ ASSIGNM	NONE B-8-110
A. Describe Problem: EMERGENCY-602/ CITIZENS-(Complain [/AMERICAN DISABILITIES ACT.
THE OFFICIALS ARE GOING TO GET ME K	ILLEN HERE, CLEARLY MY MENTAL
HEALTH RECORDS STATE THIS (EXCESSIVE I	MASTURBATION) ISSUE AND 6-COUNTING.
WITHOUT ANY CAC-115, I'M bELLING PUNISH	
	AIN BELL, UCC, TOW THE OHICER TO COME
AROUNI) TO MAKE US DOUBLE - CELL WITH OT	HER INMATES IN BMU ONLY, ALSO IN UCC
AS I STATED MY DROBEM ABOUT NO-INMATES	WANT TO DOUBLE-CELL WITH ME CAPTAIN
BELL STATED OH, YOUR ANVERTIZING IT)	AS I STATED TO HIM (NO) BUT I WILLYOT
If you need more space, attach one additional sheet.	100/
	SEB(ATTACHED-PAGE)
B. Action Requested: THAT SOMEONE HAVE (WAR)	EN-F. JACQUEZ/WARDEN-PATTEN/
	HO TOOK ME TO IICC ON 3-6-06-NOT
3-8-06/ TO ACLOW ONE OF THESE FOUR PRO	
	es to LAVORA WATERS If I'M KILLEN OR HURT,
/ / 10 () 1	3 10 CAVOLA WHIRD IT III AICED OF AUXI
Inmate/Parolee Signature: Michael Yun Willets	Date Submitted: 10/ d.5/06
C. INFORMAL LEVEL (Date Received:)	
	第一下 所収し
Staff Response:	1 1200 2
	TE A TO
	<u></u> σ
Staff Signature:	Date Returned to Inmate:
Stall Signature.	Date Neturned to minate.
D. FORMAL LEVEL	
If you are dissatisfied, explain below, attach supporting documents (Completed C submit to the Institution/Parole Region Appeals Coordinator for processing wit	
Signature:	Date Submitted:
Note: Property/Funds appeals must be accompanied by a completed	CDC Appeal Number:
Board of Control form BC-1E, Inmate Claim	
2 6 2000	

First Level	Case 3:07-cv-04683-CRB Document 36	6 Filed 07/07/2008 Page 29 of 34] Other
	_	Due Date:
Interviewe	d by:	
		-
		
Staff Signatur	re Title	Date Completed:
Division Head		Returned
Signature: _	Title:	Date to Inmate:
		submit to Institution or Parole Region Appeals Coordinator within 15 days of
receipt of r	response.	
		·
Signature:		Date Submitted:
		Date Subinitied.
Second Level	Granted P. Granted Denied	Other
G. REVIEWE	R'S ACTION (Complete within 10 working days): Date assigned:	Due Date:
See Attach	hed Letter	
•		·
Warden/Sup	erintendent Signature:	Date Returned to Inmate:
H. If dissatisf	fied, add data or reasons for requesting a Director's Level Re	view, and submit by mail to the third level within 15 days of receipt of
response.	20) THAT MY PROJECT STAIL IN h.	e CIVENE WISA HALLIS IT MARINE
71	FECTHAT MY REQUEST SHOU(1) be	2 GIVENIFICO, FIQUE DI PODITOR
10K 1	MR TO BE BREAKING ANY RULES	WITHOUT ANY CDC-115 ANYONE
MOR	HAS BEEN WOLKING / PRISONER	KNOW WAY YOU CANT GET AWAY
IF NA	THING HERE, MY CONSTITUTION	AL RIGHTS HAVE/IS BEING
MOLAT	BD. THE OFFICIALS HAVE WENT ?	TO FAR TO TURN BACK NOW I'M
Allow	FI (WITNESSES) IN ANY CASE HE	ARING AP LIHATEVER, REPORTING AUES
10000	Midball	11/218/
Signature: _	THUSINGS CYPTIC WALLES	Date Submitted: _// a/ 0'a
or the Direct	tor's Review, submit all documents to: Director of Corrections	
	P.O. Box 942883 Sacramento, CA 94283-	0001
	Attn: Chief, Inmate Appe	
DIRECTOR'S		☐ Other
☐ See Attach	hed Letter	Date:

CDC 602 (12/87)

16)			
INMATE/PAROLEE	Institution/Parole Region	Log No.	Category / 7
APPEAL FORM	1.	1.	DATEON
You may appeal any policy, action or decision which has a s	2	2. With the exception of S	- 1566
committee actions, and classification and staff representative member, who will sign your form and state what action we	e decisions, you must first inform	ally seek relief through disc	ussion with the appropriate staff
documents and not more than one additional page of comme			
for using the appeals procedure responsibly.	ASSIGNMENT		UNIT/ROOM NUMBER
MICHAEL WHIERS P-16	171 No1	VE	B-8-110
A Describe Provident To . RECORD - Offi	CE-CLERK)		-
ON 3/6/06/ ICC) WAS HE		PROCENNI, TO	R PSU-INMATES
ASTHIS (ICC) WAN (WHEN		SENT)	
DUE TO A MISTAKE BY CCIT-	LINFOR, THE RECO	RNER HE CIST	EL) (PLAINTIFFE) AS
GOING TO (ICC) ON (3-8-06).	THIS DATE IS INC	OPPECT FOR	THE FENERAL
NISTRICT COURT/ PRINTIFF NEE	I) TO SHOW THAT	(ICC) WAS H	ELI) ON (3-6-06)
IN WHICH PLAINTIFF WAS SENT	TO (PSU) FROM THE	(INFIRMARY)	W 2/28/06.
BU LOG-BOOK SHOULD SHOW ALL	DATES OF INMAT	TE MOVEMENT	-,
If you need more space, attach one additional sheet.		< % 3()	ETTACHED PAGE).
B. Action Requested THAT THE RECORD /C	LEWY CIVE THIGH		
1. Ca \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	Officials WA	4 1 11 -12 11
	HECK PSU LOG BOOK		
TO TCC/ PAIN DAD TWU/FA/SA/ PASME	NS THE CLERK SHALL	be HNED TO CO	ALST-VIALATIONIS
m, 6 0 1, 100	of a		1-110/-/
Inmate/Parolee Signature: Inchar William		Date St	ubmitted: 10/17/06
C. INFORMAL LEVEL (Date Received:)		
Staff Response:			
			<u> </u>
Staff Signature:		Date Returned t	o Inmate:
D. FORMAL LEVEL			
If you are dissatisfied, explain below, attach supporting docu- submit to the Institution/Parole Region Appeals Coordinate			ation chrono, CDC 128, etc.) and
Signature:		Date Su	ubmitted:
Note: Property/Funds appeals must be accompanied by a c	ompleted		CDC Appeal Number:
Board of Control form BC-1E, Inmate Claim		Γ	
1 1 2006 JAN 0 2 2007			

First Level	Case 3:07-cv-04683-CRB	Document 36 Denied	Filed 07/07/2008 Other	Page 31 of 34
E. REVIEWEI	R'S ACTION (Complete within 15 working	days): Date assigned:		_ Due Date:
Interviewe	ed by:			
,				
Staff Signatu	ure:	Title: _		Date Completed:
Division Head	d Approved:			Returned
Signature: _		Title:		Date to Inmate:
F. If dissatisf receipt of	fied, explain reasons for requesting a Seco response.			
Signature: _				Date Submitted:
Second Level				
G. REVIEWE ☐ See Attac	R'S ACTION (Complete within 10 working the children in the complete within 10 working the children in the chil	g days); Date assigned:	-	_ Due Date:
_	1			
Signature: .				Date Completed:
	perintendent Signature:	-		Date Returned to Inmate:
	sfied, add data or reasons for requesting	a Director's Level Revie	ew, and submit by mail to the	third level within 15 days of receipt o
response.				
				
	<u>.</u>			
				
Signature: _	·	·		Date Submitted:
For the Diss-	stor's Pavinus submit all decuments to D	irector of Corrections		
ror the Direc		O. Box 942883		
		acramento, CA 94283-00 ttn: Chief, Inmate Appeal:		
DIRECTOR'S	ACTION: Granted P. Grant	ed Denied	☐ Other	
☐ See Attac	ched Letter			

CDC 602 (12/87)

Date: _



Division of Adult Institutions P.O. Box 942883 Sacramento, CA 94283-0001



November 27, 2006

Mr. Michael Waters P-16171 B-8-110 Pelican Bay State Prison P. O. Box 7500 Crescent City CA 95532-0001

Dear Mr.Waters:

This letter is in response to your correspondence directed to the Department of Personnel Administration which wasforwarded to my office for a review. In your correspondence you referred to the issue of your filing a Citizens Complaint pertaining to an alleged violation of your 8th and 14th Amendments regarding your placement in a Behavior Modification Unit (BMU) at Pelican Bay State Prison (PBSP).

According to the California Code of Regulations, Title 15 you are so entitled to file such an action. I encourage you to continue your pursuit to appeal any actions that you may deem inappropriate that affects your incarceration through the available means.

Furthermore, during your tenor in the BMU, you will be schedule for periodic reviews by a Unit Classification Committee regarding your placement in the BMU which is another available avenue to address any concerns you may have regarding your placement in the BMU.

If you still have further concerns you can address those issues through the Inmate/Parolee Appeal Form CDC 602 process. The appeal's process is intended to provide inmates an avenue to voice their position regarding any departmental decision, action, condition, or policy that they believe adversely affects their welfare.

This process is intended to protect the rights of the inmate and ensure that the actions of the California Department of Corrections and Rehabilitation (CDCR) are appropriate.

Sincerely,

MARTIN OVERSTREET

Facility Captain

High Security & Transitional Housing

Division of Adult Institutions

P-16141 CORCORAN, CACITORNIA ORCORAN STATE PRISON P. D. BOX 3461 BADS 212 93112 INN LIAIRRS

TO: (()ERX OF COLIFTING ()ITE) STATES DISTRICT COLL
NORTHERN DISTRICT OF CACIFORNIA
450 GODDEN GATE AVE.
SAN FRANCISCO, CACIFORNIA
94103



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